

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IN005336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>02/08/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANCHOR HOME HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1351 SILHAVY RD STE 200 VALPARAISO, IN 46383</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	<p>Initial Comments</p> <p>This visit was for a home health state licensure survey.</p> <p>Survey Dates: 2/6/13-2/8/15.</p> <p>Facility #: 5336.</p> <p>Medicaid Vendor #: 100264430B</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Number of records reviewed: 5 Open records: 4. Closed records: 1. Home visits: 4 Unduplicated census: 697.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 12, 2013</p>	N 000			
N 522	<p>410 IAC 17-13-1(a) Patient Care</p> <p>Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>This RULE is not met as evidenced by: Based on observation, interview, and review of clinical records and policies, the agency failed to ensure care was provided only as ordered on the plan of care for 1 (#1) of 5 records reviewed with the potential to affect all patients receiving home health health aide services.</p> <p>Findings include:</p> <p>1. Patient #1 was observed on 2-7-13 at 9:00</p>	N 522			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

544711

If continuation sheet 1 of 4

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N 522	<p>Continued From page 1</p> <p>AM receiving a bed bath from Employee H, a home health aide. Employee H indicated patient #1 had red raised lesions, "blisters", on the buttocks. Employee H further indicated that patient #1 had a history of getting these blisters and stated, "They are MRSA [methicillin resistant staph aureus]."</p> <p>Employee H indicated that when the blisters appeared there was a medication that could be applied. Employee H walked to a table, picked up a tube of prescription topical medication, Mupirocin; squeezed out the medication onto a gloved hand; and applied it to the lesions on the patient's buttock area.</p> <p>2. Clinical record #1, start of care (SOC) 1/11//11, included a plan of care for the certification period 12/31/12-2/28/13 that included orders for skilled nursing 1-2 times a month for 2 months and a home health aide 5-6 days a week for 9 weeks for personal care. The plan of care failed to evidence an order for the Mupirocin to be applied to the patient's buttocks.</p> <p>The home health aide plan of care failed to evidence the aide was to apply the medication.</p> <p>3. On 2/7/13 at 9:30 AM, Employee D, nursing supervisor, indicated the aide should not apply Mupirocin 2% ointment and was authorized by scope of practice and agency policy to do medication assistance only which, by agency definition, was prompting for the patient to take the medication.</p> <p>4. The policy CC-43 titled "Administration of medications in the home" states, "No Anchor Home Health Care Aide may dispense / administer, participate in the administration or supervise the administration of any medications."</p>	N 522			

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N 522	Continued From page 2  The policy origination date was 10-1-98 with a revision date of 9-9-04.	N 522			
N 603	410 IAC 17-14-1(m) Scope of Services  Rule 14 Sec. 1(m) The home health aide may not be assigned to perform additional tasks not included in the original competency evaluation until he or she has successfully been evaluated as competent in that task.  This RULE is not met as evidenced by: Based on observation, interview, and review of clinical records, personnel files, and policies, the agency failed to ensure the aide did not perform tasks outside her scope of practice and only as ordered on the plan of care for 1 (#1) of 5 clinical records reviewed with the potential to affect all patients receiving home health health aide services.  Findings include:  1. Patient #1 was observed on 2-7-13 at 9:00 AM receiving a bed bath from Employee H, a home health aide. Employee H indicated patient #1 had red raised lesions, "blisters", on the buttocks. Employee H further indicated that patient #1 had a history of getting these blisters and stated, "They are MRSA [methicillin resistant staph aureus]." Employee H indicated that when the blisters appeared there was a medication that could be applied. Employee H walked to a table, picked up a tube of prescription topical medication, Mupirocin; squeezed out the medication onto a gloved hand; and applied it to the lesions on the patient's buttock area.	N 603			

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N 603	<p>Continued From page 3</p> <p>2. Clinical record #1, start of care (SOC) 1/11//11, included a plan of care for the certification period 12/31/12-2/28/13 that included orders for skilled nursing 1-2 times a month for 2 months and a home health aide 5-6 days a week for 9 weeks for personal care. The plan of care failed to evidence an order for the Mupirocin to be applied to the patient's buttocks.</p> <p>The home health aide plan of care failed to evidence the aide was to apply the medication.</p> <p>3. On 2/7/13 at 9:30 AM, Employee D, nursing supervisor, indicated the aide should not apply Mupirocin 2% ointment and was authorized by scope of practice and agency policy to do medication assistance only which, by agency definition, was prompting for the patient to take the medication.</p> <p>4. The policy CC-43 titled "Administration of medications in the home" states, "No Anchor Home Health Care Aide may dispense / administer, participate in the administration or supervise the administration of any medications." The policy origination date was 10-1-98 with a revision date of 9-9-04.</p> <p>5. Personnel file H failed to evidence the home health aide was trained and allowed to apply a prescription ointment.</p>	N 603			